# DX-Required and Recommended fields and Clinician list

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# Data Exchange – EHR Survey of Required and Optional fields

**Client, Responsible Person and Client comments:** 

Client, Responsible Person and Client comments:						
Data Element Name [VXU and QBP field location]	Does your EHR collect this data? (Yes or No)	Is this required Field in your EHR? (Yes or No)	Do you send this data as part of HL7 transactions? (Yes or No)	Notes		
Organization Fields:				Refer to LIG for details and example. HL7 field locations are listed here for convenience only.		
NCIR Client id VXU: PID-3 (SR) QBP: QPD-3 (SR)	N/A	N/A	N/A	Not applicable for incoming transaction. FYI - NCIR sends NCIR client id in RSP response and can store and re-send.		
Chart Number or Organization identifier for client. VXU: PID-3 – Use PI QBP:QPD-3 – Use PI				Check what your organization currently uses in chart # column of the NCIR UI and continue to use that. This can be MRN# if that is the number they were using in the NCIR chart # field.		
Patient Name - Last, First and Middle Name VXU: PID-5 QBP: QPD-4						
Mother's Maiden Last and First Name VXU: PID-6 QBP: QPD-5						
Date of birth VXU: PID-7 QBP: QPD-6						
<b>Gender</b> VXU: PID-8 QBP: QPD-7						
Race VXU: PID-10 QBP: no Race field						
Ethnic group VXU: PID-22 QBP: no Ethnicity field						
Multiple birth indicator VXU: PID-24 QPD: QPD-10						
Multiple birth order VXU: PID-25 QPD: QPD-11						
Death date VXU: PID-28 QBP: no Death date field						
Death indicator VXU: PID-29 QBP: no Death indicator field						
Immunization Registry status VXU: PD1-16 QBP: no Immunization Registry status field				Valid values are Active, Inactive, Perm Deceased		

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Responsible Person		NCIR will need at least one responsible
Fields:		person per client.
Note: Responsible		
person is sent in VXU		
and not in QBP.		
Responsible person		
First and Last Name		
VXU: NK1-2		
Relationship to client VXU: NK1-3		
Responsible person's		Only personal phone number is
phone number		captured in the NCIR.
VXU: NK1-5		
Responsible person's		Note that county of primary
address – Street		responsible person becomes the
address, City, State, Zip		county of residence in the NCIR. See Primary responsible person flag
and county of		(below) to identify how a responsible
residence		person can be set as primary.
VXU: NK1-4		p 3 son can be see as pary.
Responsible person's primary language VXU: NK1-20		
Responsible person accepts rem/recall notices or not		Referred to as notices in the NCIR UI.
VXU: NK1-22		+ + + + + + + + + + + + + + + + + + + +
Primary responsible person flag VXU: NK1-39		
Client Comments		Client comments are vaccine deferrals due to a reason. For ex. Allergy to Gelatin.
Client Comment VXU: OBX-3 and OBX-5		List of Client comments are in the LIG appendix
Applies-To Date VXU: OBX-14		
End Date VXU: OBX-19		

# Immunization Information Survey of required and optional fields:

### Glossary:

**Owned dose** – Owned dose is dose administered by your organization. This can be state supplied vaccine or privately purchased vaccine.

**Historical dose** – Historical dose is dose that you recorded in the EHR that was administered by another organization.

Note: Refusals are sent as RXA's and refer to VXU LIG under RXA-18 for examples for refusals.

### **Owned Doses:**

Owned Doses Immunization Fields:		Does your EHR collect this data for owned dose? (Yes or No)	Does you EHR send this field to NCIR as part of Data Exchange? (Yes or No)	Is this required Field in your EHR for Owned Dose? (Yes or No)	Notes
Dose date VXU: RXA-3					
Administered	CVX Code				Owned doses require both CVX code and NCIR Trade Name code in first and second triplet
code VXU: RXA-5	NCIR Tradename Code				of RXA-5 respectively.
Administered A (Dosage and ur VXU: RXA-6 (dose	nit) e), RXA-7 (unit)				
Administered r	otes				
Administering clinician VXU: RXA-10					
Ordering Provide VXU: ORC-12					
Administering VXU: RXA-11	location				
VXU: RXA-15					
VXU: RXA-16					
Manufacturer I VXU: RXA-17					
Route of admir VXU: RXR-1					
Administration VXU: RXR-2					
Eligibility Code VXU: OBX-3					
Funding code VXU: OBX-3					
VIS presented date VXU: OBX-3					
VIS published date VXU: OBX-3					

# **Historical Dose:**

Historical Dose Immunization Fields:		Does your EHR collect this data for Historical dose? (Yes or No)	Does you EHR send this field to NCIR as part of Data Exchange? (Yes or No)	Is this required Field in your EHR for historical Dose? (Yes or No)	Notes
Dose date VXU: RXA-3					
A descipiate and	CVX Code				Historical – CVX code in first triplet is sufficient for historical doses. If CVX not available provide CPT,
Administered code VXU: RXA-5	CPT/ NCIR Tradenam e Code/VGC				NCIR Trade Name code or VGC code as available in second triplet and leave first triplet empty.
Administered A (Dosage and un VXU: RXA-6 (dose (unit)	mount iit)				
Administered n	otes				
Administering p clinician VXU: RXA-10	provider or				
Ordering Provid	der				
Administering I	ocation				
Lot Number VXU: RXA-15					
Expiration Date	1				
Manufacturer N	lame				
Route of admin	istration				
Administration VXU: RXR-2	(body) Site				
Eligibility Code VXU: OBX-3					
Funding code VXU: OBX-3					
VIS presented of VXU: OBX-3	late				
VIS published d	ate				

# List your administering clinician and ordering provider

**Note:** NCIR will use the address of organization to complete the address of the clinician and ordering authority in the NCIR. If a different address is needed, just specify.

Add additional rows as needed if you have more than three clinicians and ordering authority.

	First Name	Middle Name	Last Name	Credentials	Email address	Address	Phone Number
Administering Clinician Name 1							
Ordering Provider 1							
Administering Clinician Name 2							
Ordering Provider 2							
Administering Clinician Name 3							
Ordering Provider 3							

Fax to 919 870-4824 or email to ncirdataexchange@dhhs.nc.gov

### Note:

Credentials for Administering Clinician are listed below:

- 1) Certified Medical Assistant
- 2) Certified Nurse Midwife
- 3) Certified Nurse's Assistant
- 4) Doctor of Medicine
- 5) Doctor of Osteopathy
- 6) Licensed Practical Nurse
- 7) Medical Assistant
- 8) Nurse Practitioner
- 9) Registered Nurse
- 10) Registered Pharmacist
- 11) Physician's Assistant
- 12) Other

Credentials for **Ordering Clinician** are listed below:

- 1) Doctor of Medicine
- 2) Doctor of Osteopathy
- 3) Nurse Practitioner
- 4) Physician's Assistant

# Appendix III: List of Immunization Data Elements expected by the NCIR for each type of dose

# Note: This table is provided for information purposes. No action needed in this page.

Data elements	Owned dose	Historical dose
Dose date	Yes	Required
Administered code	CVX and NCIR Trade Name code Value in First and Second triplet must correspond to each other	CVX and/or (CPT or Trade Name) For Historical, second code (CPT or Trade Name) is optional. If both provided, two must correspond to each other.
Administered Amount (Dosage and unit)	Yes	No.
Administered notes	00 (for owned dose or administered by the organization)	01 (for historical dose)
Administering provider or clinician	Yes. * Set up list of clinicians in the NCIR and obtain a list with names to use.	No.
Ordering Provider	Yes. Set up list of ordering providers in the NCIR and obtain a list with names to use.	No.
Administering location	Name of Site and Site Id from NCIR. Obtain list of sites from NCIR using Manage Site screen.	Free text location.
Lot Number	Yes	Optional
<b>Expiration Date</b>	Yes	No.
Manufacturer Name	Yes	No.
Route of administration	Yes.	No.
Administration (body) Site	Yes.	No.
Eligibility Code	Only for State supplied Owned doses. Does not apply for privately purchased doses administered by an organization.	No.
Funding code	Only for state supplied doses if decrementing inventory functionality is used.	No.
VIS presented date	Yes	No
VIS published date	Yes	No